



# CARF Survey Report for Focus Point, Inc.

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**Organization**

Focus Point, Inc.  
102 North Yates Street  
Gastonia, NC 28052

**Organizational Leadership**

Kenyatta D. Waddell, Owner  
Mildred D. Coley, M.Ed., QP, QDDP, Executive Director/QA-QI Director

**Survey Dates**

October 25-26, 2012

**Survey Team**

Jennifer S. Turnes, M.S.W., Administrative Surveyor  
Sheri-Dee Rodriguez, LMSW, ACSW, Program Surveyor

**Programs/Services Surveyed**

Residential Treatment: Mental Health (Children and Adolescents)

**Previous Survey**

November 4-6, 2009  
Three-Year Accreditation

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**Survey Outcome**

**One-Year Accreditation**  
**Expiration: December 2013**

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# SURVEY SUMMARY

**Focus Point, Inc., has strengths in the following areas.**

- The organization is responsive to the challenging and continually changing needs of persons served and the communities in which its programs operate.
- The dignity and respect offered persons served result in a positive and structured environment.
- Stakeholders report satisfaction with the services provided and indicate that persons served demonstrate significant improvements as a result of the services received. They acknowledge that Focus Point follows through on expectations and provides timely responses to referrals.
- The organization has a strong leadership team that is mission driven and proactive in addressing behavioral health trends that impact the organization, while maintaining a strong commitment to improving the lives of persons served.
- Focus Point offers a well-maintained and attractive facility that provides a safe and healthy environment for persons served and staff members.
- There are caring, dedicated, and enthusiastic staff members who demonstrate obvious pride in both the organization and in the progress of persons served. The staff's commitment to the persons served is apparent throughout the organization.

**Focus Point should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.**

On balance, Focus Point provides services that are needed and valued, and the staff members are dedicated to meeting the needs of persons served. Referral sources report a high degree of satisfaction with the services provided. Staff members have been honest and eager to utilize the CARF process as a learning tool.

However, the organization has significant areas for improvement regarding the standards in financial planning and management, health and safety, human resources, and performance improvement, with further opportunities for improvement in screening, assessments, transition/discharge, medication use, nonviolent practices, records of persons served, and quality records management.

Focus Point experienced many organizational and legal challenges since its last survey. The leadership has made efforts in the past three years to demonstrate conformance to standards. However, the organization was not able to demonstrate that actions had been taken to address past recommendations as outlined in the previous Quality Improvement Plan. As a result, numerous recommendations again present as areas for improvement. The organization understands the areas for improvement and has made a commitment to address the issues raised in this report. Although the recommendations present serious concerns, the basic health, welfare, and safety practices are in place, and services are of sufficient quality to ensure that persons served benefit from their involvement with the program. The organization has the capacity and resources to correct the areas noted, which instills confidence that it is capable of responding promptly to the changes needed.

Focus Point, Inc., has earned a One-Year Accreditation. The administration and staff members are recognized for the efforts they have made in the pursuit of accreditation. They are encouraged to use their resources to address the opportunities for improvement noted in this report and to use the CARF standards as guidelines for continuous quality improvement.

## SECTION 1. ASPIRE TO EXCELLENCE®

### A. Leadership

#### Principle Statement

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

#### Key Areas Addressed

- Leadership structure
  - Leadership guidance
  - Commitment to diversity
  - Corporate responsibility
  - Corporate compliance
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#### Recommendations

##### A.6.b.(2)(a)

##### A.6.b.(2)(b)

Although the organization has written procedures to deal with allegations of violations of ethical codes, they do not include time frames for investigations. It is recommended that the organization implement written procedures to deal with allegations of violations of ethical codes, including time frames that are adequate for prompt consideration and result in timely decisions.

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### C. Strategic Planning

#### Principle Statement

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

## **Key Areas Addressed**

- Strategic planning considers stakeholder expectations and environmental impacts
  - Written strategic plan sets goals
  - Plan is implemented, shared, and kept relevant
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## **Recommendations**

### **C.2.c.(2)**

It is recommended that the organization's written strategic plan set priorities. The organization might consider adding a statement that indicates that the goals listed are in order based on their determined priority for completion.

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## **D. Input from Persons Served and Other Stakeholders**

### **Principle Statement**

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

### **Key Areas Addressed**

- Ongoing collection of information from a variety of sources
  - Analysis and integration into business practices
  - Leadership response to information collected
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### **Recommendations**

There are no recommendations in this area.

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## **E. Legal Requirements**

### **Principle Statement**

CARF-accredited organizations comply with all legal and regulatory requirements.

### **Key Areas Addressed**

- Compliance with all legal/regulatory requirements

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## **Recommendations**

### **E.3.a.**

The organization has policies and written procedures that address confidentiality of human resource records. However, the policies do not address other confidential administrative records. The organization should implement policies and written procedures that address confidential administrative records.

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## **F. Financial Planning and Management**

### **Principle Statement**

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

### **Key Areas Addressed**

- Budget(s) prepared, shared, and reflective of strategic planning
  - Financial results reported/compared to budgeted performance
  - Organization review
  - Fiscal policies and procedures
  - Review of service billing records and fee structure
  - Financial review/audit
  - Safeguarding funds of persons served
- 

## **Recommendations**

### **F.3.c.**

The organization currently reviews its financial results quarterly. It is recommended that the organization review actual financial results at least monthly.

### **F.9.e.**

### **F.9.f.**

It is recommended that the organization revise its procedures that address handling funds of persons served to include how interest will be credited to the accounts of the persons served and that monthly account reconciliation is provided to the persons served.

**F.10.**

The organization should obtain an annual review or audit of the financial statements of the organization conducted by an independent certified public accountant.

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**G. Risk Management****Principle Statement**

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

**Key Areas Addressed**

- Identification of loss exposures
  - Development of risk management plan
  - Adequate insurance coverage
- 

**Recommendations**

There are no recommendations in this area.

**Consultation**

- The organization might consider adding the procedures outlined in the employee manual regarding the specific channels through which media releases must be made to its policy on confidentiality that also references media requests.
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**H. Health and Safety****Principle Statement**

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

**Key Areas Addressed**

- Inspections
- Emergency procedures
- Access to emergency first aid

- Competency of personnel in safety procedures
  - Reporting/reviewing critical incidents
  - Infection control
- 

## **Recommendations**

### **H.3.**

It is recommended that the organization consistently provide education to persons served that is designed to reduce identified physical risks.

### **H.4.a.(1) through H.4.c.**

It is recommended that personnel consistently receive documented competency-based training upon hire and annually in the following areas: health and safety practices, identification of unsafe environmental factors, emergency procedures, identification of critical incidents, reporting of critical incidents, medication management, and reducing physical risks.

### **H.6.a.(1)**

### **H.6.a.(2)**

It is recommended that the organization consistently conduct annual unannounced tests of all emergency procedures on each shift at each location. The tests should include complete actual or simulated physical evacuation drills, be analyzed for performance improvement, result in improvement of or affirm satisfactory current practice, and be consistently evidenced in writing.

### **H.11.b.**

### **H.11.g.**

There should be evidence of regular reviews of driving records of all drivers and training of drivers regarding the organization's transportation procedures. The organization might consider adding the review of the transportation policy to its New Hire Orientation Checklist.

### **H.12.b.(3)**

Although there is evidence of facility inspections, the organization should ensure that external health and safety inspections consistently result in a written report that identifies actions taken to respond to the recommendations.

### **H.13.b.(3)**

It is recommended that the organization ensure that internal health and safety inspections consistently result in a written report that identifies actions taken to respond to the recommendations for areas needing improvement. The organization might consider modifying its existing shift checklist to include recommendations for areas needing improvement and actions taken to respond to the recommendations. The organization might also consider modifying its monthly internal inspection form to include the time of the inspection.

## **Consultation**

- The organization's policy and procedure address temporary shelter in the event of evacuation. However, the organization might consider adding to its existing procedures additional details about the identified locations for temporary shelter.

- It is suggested that the organization provide additional evacuation plans in offices and rooms throughout the facilities to further enhance accessibility. The organization could also add a key to its evacuation plans to further clarify the primary and secondary evacuation routes and include the identification of areas designated for tornado shelter within the facility.
  - Although the organization has written procedures regarding hazardous materials, it is suggested that the organization expand its procedures regarding the handling, storage, and disposal of hazardous materials not addressed in the written procedures and incorporate the use of material safety data sheets (MSDS) in its procedures. It is also suggested that the organization revise its policy to accurately reflect its procedures for the storage, handling, and disposal of fluorescent light bulbs as well as the storage of cleaning materials.
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## **I. Human Resources**

### **Principle Statement**

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

### **Key Areas Addressed**

- Adequate staffing
  - Verification of background/credentials
  - Recruitment/retention efforts
  - Personnel skills/characteristics
  - Annual review of job descriptions/performance
  - Policies regarding students/volunteers, if applicable
- 

### **Recommendations**

#### **I.2.b.(2)**

Although the organization has policies indicating the time frames for verification of backgrounds and credentials throughout employment, the organization does not consistently implement these procedures. It is recommended that the organization implement written procedures that address time frames for verification of backgrounds and credentials throughout employment.

#### **I.5.a.(1) through I.5.b.(12)**

It is recommended that the organization consistently provide personnel training at orientation and regular intervals that addresses, at a minimum, the identified competencies needed by personnel, confidentiality requirements, customer service, diversity, ethical codes of conduct, promoting

wellness of the persons served, person-centered practice, personal privacy, reporting of suspected abuse and suspected neglect, rights of persons served, rights of personnel, and the unique needs of the persons served.

#### **I.6.d.(5)**

It is recommended that performance management include performance evaluations for all personnel directly employed by the organization that are consistently conducted on an annual basis.

#### **I.6.e.(1) through I.6.e.(4)**

It is recommended that the organization ensure that annual reviews of all contract personnel utilized by the organization assess performance of their contracts, ensure that they follow all applicable policies and procedures of the organization, and ensure that they conform to CARF standards applicable to the services they provide.

#### **Consultation**

- The organization might consider modifying its policies and procedures and its employee manual to ensure consistency between documents. The organization might also consider including the date in the documentation of review, and possible revision, of its policies and procedures.
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## **J. Technology**

### **Principle Statement**

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

### **Key Areas Addressed**

- Written technology and system plan
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### **Recommendations**

There are no recommendations in this area.

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## **K. Rights of Persons Served**

### **Principle Statement**

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

## **Key Areas Addressed**

- Communication of rights
  - Policies that promote rights
  - Complaint, grievance, and appeals policy
  - Annual review of complaints
- 

## **Recommendations**

### **K.5.a. through K.5.b.(3)**

The organization indicates that it has not had any formal complaints since the previous CARF survey. However, there is no documentation indicating such. It is recommended that the organization conduct an annual review of formal complaints that determines trends, areas needing improvement, and actions taken.

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## **L. Accessibility**

### **Principle Statement**

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

### **Key Areas Addressed**

- Written accessibility plan(s)
  - Status report regarding removal of identified barriers
  - Requests for reasonable accommodations
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### **Recommendations**

There are no recommendations in this area.

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## **M. Performance Measurement and Management**

### **Principle Statement**

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and information is used to manage and improve service delivery.

## Key Areas Addressed

- Information collection, use, and management
  - Setting and measuring performance indicators
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## Recommendations

### M.5.d.

It is recommended that the organization collect data about the persons served at point(s) in time following services.

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## N. Performance Improvement

### Principle Statement

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

### Key Areas Addressed

- Proactive performance improvement
  - Performance information shared with all stakeholders
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## Recommendations

### N.1.a.

#### N.1.b.(2)(a) through N.1.c.(3)

Although the organization has made strides to improve its data collection efforts and has set performance indicators, it has not completed an analysis of the results. It is recommended that the organization complete a written analysis at least annually that analyzes performance indicators in relation to performance goals, including service delivery of each program seeking accreditation, including the effectiveness of services, the efficiency of services, service access, and satisfaction and other feedback from the persons served and other stakeholders. It should address extenuating or influencing factors that affected performance. Furthermore, the annual written analysis should identify areas needing performance improvement, result in the development of an action plan to address the improvements needed to reach established or revised performance goals, and outline actions taken or changes made to improve performance.

#### N.2.a.(1) through N.2.d.

It is recommended that the analysis of performance indicators be used to review the implementation of the mission and core values of the organization, improve the quality of programs and services, facilitate organizational decision making, and review or update the organization's strategic plan.

### **N.3.a.(1) through N.3.c.**

It is recommended that the organization communicate its performance information to persons served, personnel, and other stakeholders according to the needs of the specific group, including the format of the information communicated, the content of the information communicated, and the timeliness of the information communicated, and ensure that the information is accurate.

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## **SECTION 2. GENERAL PROGRAM STANDARDS**

### **Principle Statement**

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

### **A. Program/Service Structure**

#### **Principle Statement**

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

#### **Key Areas Addressed**

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

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## Recommendations

### A.5.

It is recommended that the organization implement procedures that address unanticipated service modification, reduction, or exits/transitions precipitated by funding or other resource issues.

### A.20.b.

Although there is an orientation checklist form that has been developed, there is no evidence consistently in each of the charts of persons served that an orientation was provided. It is recommended that the organization ensure that a designated individual assists in coordinating services for each person served by consistently ensuring that the person served is oriented to his or her services.

## Consultation

- Although Focus Point has a system identified to address the restrictions to be implemented in response to specific behaviors, it is suggested that there be more clarity and emphasis regarding the methods to reinstate restricted or lost rights or privileges.

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## B. Screening and Access to Services

### Principle Statement

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as his or her strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, his or her family or significant others, or from external resources.

### Key Areas Addressed

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

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## **Recommendations**

### **B.4.b.(2)**

It is recommended that the screening include the identification and documentation of any urgent or critical needs of the person to be served in order to better determine the program's response to those needs.

### **B.9.c.**

#### **B.9.d.(1)(d)(ii)**

#### **B.9.d.(1)(d)(vi)**

#### **B.9.d.(2)**

Although there is a formal document that has been developed to ensure that all areas of service delivery are covered through an orientation process, there is not consistent evidence in each chart of the persons served that their orientation occurs. It is recommended that the organization ensure that each person served receives an orientation and that this is consistently documented in the chart of the person served. The orientation should be expanded to address intent/consent to treat; response to identification of potential risk to the person served; and familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits.

### **B.13.b.**

### **B.13.g.**

It is recommended that the assessment process include an identification of the goals and expectations of the person served and reflect significant life or status change of the person served.

### **B.14.b.(2)**

### **B.14.b.(3)**

### **B.14.e.**

### **B.14.f.**

### **B.14.i.(1)**

### **B.14.i.(2)**

### **B.14.q.**

### **B.14.u.**

It is recommended that the assessment process of the person served not only include information regarding personal strengths and individual needs, but also the person's abilities and/or interests and preferences. The assessment process should also gather information about the person's urgent needs including personal safety and risk to others, medication history and current use profile, efficacy of current or previously used medication, and literacy level in order to identify the abilities or needs to be addressed as part of the treatment program. In addition, the assessment process should include the person's psychological and social adjustment to disabilities and/or disorders.

### **B.15.a. through B.15.c.**

It is recommended that the assessment include a written interpretive summary to integrate and interpret from a broader perspective all history and assessment information collected. It should be based on the assessment data and identify co-occurring disabilities, comorbidities, and/or disorders and be used in the development of the person-centered plan.

## Consultation

- Although the assessment document specific to the organization's program is quite thorough and comprehensive, the assessments provided from external sources do not provide all information needed. In cases where the information is not as thorough, it is suggested that Focus Point staff members complete a full assessment on the person served.
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## C. Person-Centered Plan

### Principle Statement

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of his or her plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

### Key Areas Addressed

- Development of person-centered plan
  - Co-occurring disabilities/disorders
  - Person-centered plan goals and objectives
  - Designated person coordinates services
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### Recommendations

#### C.1.c.(2) through C.1.d.(2)

It is recommended that the person-centered plan be based not only on the identified strengths of the person served, but also the needs, abilities, and preferences of the person served, and focus on the integration and inclusion of the person served into his/her community and/or family, when appropriate.

#### C.2.a.(1)

The person-centered plan should include goals that are expressed in the words of the person served. The organization might write the goals in the words of the person served using direct quotes or paraphrased statements or goals written or described by him or her.

**C.6.a.****C.6.b.**

Given the incidence of concurrent disabilities and/or disorders, effectively addressing these areas is critical to successful recovery. The person-centered plan should specifically address these conditions in an integrated manner. Services should be provided, either by Focus Point or by referral, by personnel who are qualified to provide services to persons with concurrent disabilities and/or disorders.

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## **D. Transition/Discharge**

### **Principle Statement**

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of person served when he or she moves to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the program (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the program provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

## Key Areas Addressed

- Referral or transition to other services
  - Active participation of persons served
  - Transition planning at earliest point
  - Unplanned discharge referrals
  - Plan addresses strengths, needs, abilities, preferences
  - Follow-up for persons discharged for aggressiveness
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## Recommendations

### **D.3.a. through D.3.f.**

Although there is documentation of a team process in which preparation for discharge is discussed and documented, the process and documentation should be expanded to result in a written transition plan. A transition plan should be prepared to ensure a seamless transition when a person is transferred from one level of care to another and prepares for the planned discharge. The plan should identify the person's current progress in his or her own recovery or move toward well-being and gains achieved during program participation. It should identify the person's need for support systems or other types of services that will assist in continuing his or her recovery, well-being, or community integration; information on the continuity of the person's medication(s), when applicable; referral information, such as contact name, telephone number, locations, hours, and days of services, when applicable; and communication of information on options and resources available if symptoms recur or additional services are needed, when applicable.

### **D.5.a. through D.5.h.**

Although there is a policy that indicates that a written discharge summary is to be prepared, there is no evidence in all charts that this occurs. There should be a written discharge summary for all persons leaving services. The discharge summary should include the date of admission, services provided, presenting condition, the extent to which established goals and objectives were achieved, reason(s) for discharge, status of the person at last contact, recommendations for services or supports, and the discharge date.

### **D.7.a. through D.7.d.**

It is important to identify and pass on information about a person's strengths, needs, abilities, and preferences to other treatment providers to ensure continuity of care. It is recommended that this information be provided in the transition plan or discharge summary.

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## **E. Medication Use**

### **Principle Statement**

Medication use is the practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed efficacious. Medication use may include self administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, transporting, storing, and disposing of medications, including those self administered by the person served.

Self administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and closely observing the person served self-administering the medication.

Self administration by children or adolescents in a residential setting must be directly supervised by personnel, and standards related to medication use applied.

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or re-packaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

### **Key Areas Addressed**

- Individual records of medication
- Physician review
- Policies and procedures for prescribing, dispensing, and administering medications
- Training regarding medications
- Policies and procedures for safe handling of medication

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## **Recommendations**

### **E.2.a.(1)**

### **E.2.a.(2)**

Although staff members report that medication changes and other information regarding medications is shared with the guardians of the persons served, it is recommended that persons served and family members with legal right or identified by the person served receive documented ongoing training and education regarding medications.

### **E.5.b.**

### **E.5.e.(1)**

### **E.5.e.(2)**

Staff members report that persons served and their guardians are informed about medication changes that occur. However, there is little evidence of active involvement by persons served or guardians regarding issues related to medications. It is recommended that the organization develop and implement written procedures to ensure the active involvement of the persons served, when able, or their parents or guardians, when appropriate, in making decisions related to the use of medications. The procedures should also address a review of past medication use, including effectiveness, side effects, and allergies or adverse reactions.

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## **F. Nonviolent Practices**

### **Principle Statement**

Programs strive to be learning environments and to support persons served in the development of recovery, resiliency, and wellness. Relationships are central to supporting individuals in recovery and wellness. Programs are challenged to establish quality relationships as a foundation to supporting recovery and wellness. Providers need to be mindful of developing cultures that create healing, healthy and safe environments, and include the following:

- Engagement
- Partnership—power with, not over
- Holistic approaches
- Respect
- Hope
- Self-direction

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff are expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environment, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in behavioral health, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication, in immediate response to a dangerous behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to self, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioral health care setting.

## **Key Areas Addressed**

- Training and procedures supporting nonviolent practices
  - Policies and procedures for use of seclusion and restraint
  - Patterns of use reviewed
  - Persons trained in use
  - Plans for reduction/elimination of use
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## **Recommendations**

### **F.5.a. through F.5.b.(4)**

It is recommended that a written status report be developed annually regarding the minimization or elimination of the use of restraint. This report should include goals and time lines, progress made, areas still needing improvement, and factors impeding elimination of the use of seclusion and restraint.

### **F.10.c.**

Although there is a policy regarding the time limitations for restraint, the policy should state that restraint does not exceed one hour for all children and adolescents.

### **F.15.b.(1) through F.15.c.**

It is recommended that the use of restraint be reviewed for analysis of patterns of use, history of use by personnel, environmental contributing factors, assessment of program design, and contributing factors. This information should be used for performance improvement.

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## **G. Records of the Persons Served**

### **Principle Statement**

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

### **Key Areas Addressed**

- Confidentiality
- Time frames for entries to records
- Individual record requirements
- Duplicate records

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## **Recommendations**

### **G.2.a. through G.2.d.**

Although the records of persons served include much of the documentation recommended in the CARF standards, there is a lack of consistency in organization and standardization of forms; not all assessments and documentation in charts are complete and current. Therefore, it is recommended that the individual record consistently communicate information in a manner that is organized, clear, complete, current, and legible.

### **G.4.e.**

### **G.4.h.(4)**

### **G.4.h.(5)**

### **G.4.i.**

It is recommended that the individual record include the location of other records related to the person served, rather than have various documents stored in separate places without an indication in that chart as to where those documents are stored. Although there is a form to document the orientation process with the person served, there is not consistent evidence in the charts that these documents are used. It is recommended that the individual record include the person's documentation of orientation. The individual record should also more consistently contain the assessments and discharge summary. It is suggested that one standardized assessment form be used to document assessments of persons served.

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## **H. Quality Records Management**

### **Principle Statement**

The organization has systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

### **Key Areas Addressed**

- Quarterly professional review
- Review current and closed records
- Items addressed in quarterly review
- Use of information to improve quality of services

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## **Recommendations**

### **H.1.b.(1) through H.1.c.**

There is evidence of a review of services using the records of the person served. However, it is recommended that a quarterly review address the quality of services delivered, the appropriateness of services, and patterns of services utilization. This information should be documented as part of the record review process. The use of a checklist listing chart contents and items to evaluate the quality of care might facilitate reviews that consistently address required elements.

### **H.4.a.(1) through H.4.c.**

#### **H.4.h.(1)**

#### **H.4.h.(2)**

The record review should ensure not only that the appropriate paperwork is included in the chart, but that a quality assurance or peer review focuses on the care of the persons served on an individual basis. This provides an opportunity for professional staff members to objectively review and suggest alternative program or service strategies to the team responsible for establishing and carrying out the person's individual program. It is recommended that the record review address whether the persons served were provided with an appropriate orientation and were actively involved in making informed choices regarding the services they received; confidential information was released according to applicable laws/regulations; the assessments of the persons served were thorough, complete, and timely; and a transition plan and discharge plan have been completed, when applicable.

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## **MENTAL HEALTH**

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities. Core programs in this field category may also provide services to persons with co-occurring disabilities/disorders, such as mental illness and a developmental disability.

## **SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS**

### **Principle Statement**

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to

improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

## **V. Residential Treatment**

### **Principle Statement**

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health disabilities or co-occurring disabilities, including intellectual or developmental disability; victims or perpetrators of domestic violence or other abuse; or persons needing treatment because of eating or sexual disorders or drug, gambling, or internet addictions. Residential treatment services are organized to provide environments in which the persons reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. Residential treatment may be provided in freestanding, nonhospital-based facilities or in clearly identified units of larger entities, such as a wing of a hospital. Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

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### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- It may be beneficial for Focus Point to implement a procedure in which satisfaction of services and successful discharge from the program are documented, as well as a survey for individuals discharged from the program that is completed at a designated time postdischarge. This information/data could prove to be a tool to market the program to various potential referral sources.
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# SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

## B. Children and Adolescents

### Residential Treatment: Mental Health

#### Principle Statement

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

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#### Recommendations

##### B.1.f.(1) through B.1.g.

##### B.1.i.

##### B.1.q.(1) through B.1.q.(3)

Although the assessment for the person served assesses developmental milestones, it is recommended that the assessment regarding language functioning be more specific in terms of speech functioning, hearing functioning, and visual functioning, as well as learning ability. Assessments of the adolescents served in the program should also include information regarding the parent's/guardian's ability/willingness to participate in services, and their strengths and preferences.

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# PROGRAMS/SERVICES BY LOCATION

## **Focus Point, Inc.**

102 North Yates Street  
Gastonia, NC 28052

Administrative Location Only

## **Plyer Lake Home**

1664 Plyer Lake Road  
Gastonia, NC 28054

Residential Treatment: Mental Health (Children and Adolescents)

## **Mill Creek Home**

129 Mill Creek Drive  
Kings Mountain, NC 28086

Residential Treatment: Mental Health (Children and Adolescents)